

NEW YORK STATE DEPARTMENT OF HEALTH

**Biomonitoring Project to Assess Body Burden of Perfluorooctanoic Acid (PFOA):
Hoosick Falls Area, Rensselaer County, NY**

C. PARENTAL INFORMED CONSENT FORM

For children under 18 years of age

The New York State Department of Health (NYSDOH) is testing for PFOA (Perfluorooctanoic Acid) in the blood of people who may have been exposed to PFOA from the public water supply in the Village of Hoosick Falls, Rensselaer County, NY or from other nearby sources. If your child's blood level is higher than that of most people of his or her age and gender, then your child may have been exposed at some point in his or her life to more PFOA than most people. Although there is no medical treatment for elevated blood levels of PFOA, PFOA levels will gradually be reduced by limiting exposure. It is important to know that measuring a person's blood level of PFOA does not tell us whether a health effect will occur.

Procedures

A phlebotomist will collect a sample of your child's blood (2-4 teaspoons depending on age/size) with a needle to determine levels of PFOA. You will also be asked some questions about how much public water your child usually drinks (including water used for formula), his or her age, where your child has lived, and what jobs he or she has had (if any).

Risks and Discomforts from the Procedures

Taking a blood sample from your child's arm may result in some discomfort, mild swelling, and bruising. We are aware of no other risks.

Results

We will mail your child's blood test results to you. If you wish, we can also provide the test results to your child's physician (or other health care provider). If you do not want your child's results shared with his or her physician, a NYS DOH physician will be available to review the results. Although a NYSDOH physician cannot act as your child's treating physician, he or she may receive and discuss these results with you.

Results from the blood testing will remain strictly confidential and will be provided only to you, and if you wish, your child's physician, as described above. At no time will your name or your child's name or results be shared with anyone else. Reports that result from this investigation will include statistical information about group-level results only. Your child's participation is voluntary and he or she will not be penalized in any way if you choose not to allow your child to participate. You and your child have the right to receive answers to any questions you or your child may have concerning this project, and you or your child may stop participating at any time.

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CONSENT FOR TESTING FOR PFOA

I have read the above information about the Biomonitoring Project to Assess Body Burden of Perfluorooctanoic Acid (PFOA): Hoosick Falls Area, Rensselaer County, NY. I have been allowed to ask questions and I had all my questions answered. I am being given a copy of this consent form and I would like my child to participate in this project.

(Check one box.)

☐ Yes

☐ No

CONSENT FOR ADDITIONAL TESTING IN THE FUTURE

I give NYS DOH permission to store my child's blood to test for additional contaminants in the future.
(Check one box.)

☐ Yes, and I do not need to be contacted before testing my child's stored blood for other contaminants.

☐ Yes, but contact me before testing my child's stored blood.

☐ No

SIGNATURE (attesting to CONSENT information above)

Name of Participant (under 18 years of age): _____

Print Name of Parent or Guardian: _____

Signature and Date: _____ DATE _____

Print Name of Witness/Interviewer:

Signature and Date: _____ DATE _____

If you have any questions about the project, please call: Betsy Lewis-Michl, Principal Investigator, or Project Coordinators, Karen Wilson or June Moore, at (518) 402-7950.